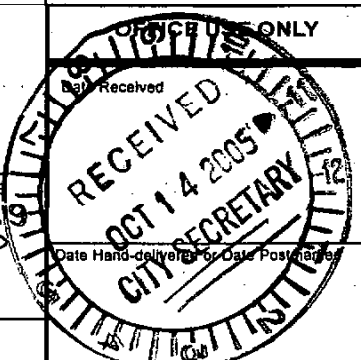


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 27	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Brian LAST	MI P SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 Greenway Plaza Suite 325 Houston TX 77046			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 622-2111		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Sanford LAST		MI L SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8 Greenway Plaza 14th Floor Houston TX 77046			
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 526-3700	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2005 10 / 01 / 2005			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 08 / 2005			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council District C		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Brian Cweren		16 ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18590.25
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 17874.55
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,855.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19. AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

B. P. Cweren

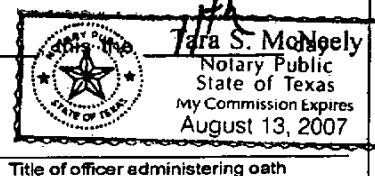
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian P. Cweren
of Cedar, 20 D.S., to certify which, witness my hand and seal of office.

Tara S. McNeely
Signature of officer administering oath

Tara S. McNeely
Printed name of officer administering oath



Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/18/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Simon J. Wachsberg

6 Contributor address; City; State; Zip Code

Bellaire TX 77401

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/03/05

Full name of contributor

☐ out-of-state PAC (ID#)

Gerson Cweren

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of contribution (\$)

882.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Danziger

Contributor address; City; State; Zip Code

Houston TX

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30

Full name of contributor

☐ out-of-state PAC (ID#)

Charles J. Talsman

Contributor address; City; State; Zip Code

Bellaire TX 77401

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31

Full name of contributor

☐ out-of-state PAC (ID#)

Thea Singer

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/1

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert M. Komorn

6 Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77056

7 Amount of contribution (\$)

180.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/1

Full name of contributor

☐ out-of-state PAC (ID#)

Jack N. Alpert

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77025

Amount of contribution (\$)

36.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2

Full name of contributor

☐ out-of-state PAC (ID#)

Allan Wagnalter

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77071

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2

Full name of contributor

☐ out-of-state PAC (ID#)

Helen Dow

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77030

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3

Full name of contributor

☐ out-of-state PAC (ID#)

David Danziger

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77046

Amount of contribution (\$)

15.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/5

5 Full name of contributor ☐ out-of-state PAC (ID#)

Gerald Epstein

6 Contributor address; City; State; Zip Code

Houston TX 77025

7 Amount of
contribution (\$)

25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/5

Full name of contributor ☐ out-of-state PAC (ID#)

Gregory Kopel

Contributor address; City; State; Zip Code

Bellaire TX 77401

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5

Full name of contributor ☐ out-of-state PAC (ID#)

Solomon Stopnicki

Contributor address; City; State; Zip Code

Houston TX 77035

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5

Full name of contributor ☐ out-of-state PAC (ID#)

Israel Tapick

Contributor address; City; State; Zip Code

Houston TX 77056

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6

Full name of contributor ☐ out-of-state PAC (ID#)

Harvey Katz

Contributor address; City; State; Zip Code

Houston TX 77099

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16

5 Full name of contributor ☐ out-of-state PAC (ID#:

Reine Benros

6 Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 770717 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/10

Full name of contributor ☐ out-of-state PAC (ID#:

Michael Engelhart

Contributor address; City; State; Zip Code

[REDACTED]
Bellaire TX 77401Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor ☐ out-of-state PAC (ID#:

Larry Sondock

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77096Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor ☐ out-of-state PAC (ID#:

Gary Nimetz

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77096Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18

Full name of contributor ☐ out-of-state PAC (ID#:

Jack Stopnicki

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77025Amount of
contribution (\$)

750.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Abraham Friedman

6 Contributor address; City; State; Zip Code

Houston TX 77096

7 Amount of
contribution (\$)150.⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#:

Jerome Kasoy

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)25.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#:

Roy Camberg

Contributor address; City; State; Zip Code

Houston TX 77058

Amount of
contribution (\$)50.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10

Full name of contributor

☐ out-of-state PAC (ID#:

Sue Arneson

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10

Full name of contributor

☐ out-of-state PAC (ID#:

Valentina Valigura

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)800.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/12

5 Full name of contributor ☐ out-of-state PAC (ID#:

Mitchel Levy

6 Contributor address; City; State; Zip Code

Houston TX 77096

7 Amount of
contribution (\$)100.⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/11

Full name of contributor ☐ out-of-state PAC (ID#:

E. Suzanne Selinger

Contributor address; City; State; Zip Code

Houston TX 77056-4516

Amount of
contribution (\$)200.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12

Full name of contributor ☐ out-of-state PAC (ID#:

Douglas Dow

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)50.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13

Full name of contributor ☐ out-of-state PAC (ID#:

Richard Leibman

Contributor address; City; State; Zip Code

Houston TX 77019

Amount of
contribution (\$)250.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13

Full name of contributor ☐ out-of-state PAC (ID#:

Reba Magids

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 of 10	
2 FILER NAME Brian Cweren		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mano Gonzalez 6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77009	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kerry Schachter Contributor address; City; State; Zip Code [REDACTED] Houston TX 77096	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nason M. Feldman Contributor address; City; State; Zip Code [REDACTED] Houston TX 77024	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Applebaum Contributor address; City; State; Zip Code [REDACTED] Bellaire TX 77401	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Finkelstein Contributor address; City; State; Zip Code [REDACTED] Houston TX 77096	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/26

5 Full name of contributor ☐ out-of-state PAC (ID#:

Vernon Sarginson

6 Contributor address; City; State; Zip Code

Houston TX 77071

7 Amount of
contribution (\$)300.⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/27

Full name of contributor ☐ out-of-state PAC (ID#:

Christopher Bisel

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

Full name of contributor ☐ out-of-state PAC (ID#:

Rosa Gomez

Contributor address; City; State; Zip Code

Houston TX 77075

Amount of
contribution (\$)18.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

Full name of contributor ☐ out-of-state PAC (ID#:

Geoffrey Berg

Contributor address; City; State; Zip Code

Houston TX 77046

Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

Full name of contributor ☐ out-of-state PAC (ID#:

Barbara Hie

Contributor address; City; State; Zip Code

Houston TX 77071

Amount of
contribution (\$)200.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/28

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gordon Bisel

6 Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 770967 Amount of
contribution (\$)100.⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/28

Full name of contributor

☐ out-of-state PAC (ID#:

Sanford L. Dow

Contributor address: City: State: Zip Code

[REDACTED]
Houston, TX 77006Amount of
contribution (\$)1,000.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

Full name of contributor

☐ out-of-state PAC (ID#:

Benjamin Warren

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77024Amount of
contribution (\$)500.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29

Full name of contributor

☐ out-of-state PAC (ID#:

John Weinberg

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77429Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30

Full name of contributor

☐ out-of-state PAC (ID#:

Debra Simon Pacholder

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77096Amount of
contribution (\$)100.⁰⁰In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 10

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/30

5 Full name of contributor ☐ out-of-state PAC (ID#:

Jerry Silverman

6 Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77096

7 Amount of contribution (\$)

18.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/20

Full name of contributor ☐ out-of-state PAC (ID#:

Eduardo I. Ranon

Contributor address: City: State: Zip Code

[REDACTED]
Bellaire TX 77402

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8

Full name of contributor ☐ out-of-state PAC (ID#:

Richard Crow

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77018

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor ☐ out-of-state PAC (ID#:

BRIAN Cweren

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77096

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor ☐ out-of-state PAC (ID#:

Gary Katz

Contributor address: City: State: Zip Code

[REDACTED]
Houston TX 77003

Amount of contribution (\$)

641.25

In-kind contribution description (if applicable)

ads

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11 of 11

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/1

5 Full name of contributor ☐ out-of-state PAC (ID#:

David Altman

6 Contributor address; City; State; Zip Code

Houston TX 77036

7 Amount of
contribution (\$)

3,500.00

8 In-kind contribution
description (if applicable)website
design

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 + 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/11

5 Payee name

Human Point Resources

6 Payee address; City; State; Zip Code

7520 Hornwood Dr. #901
Houston TX 77036

7 Amount (\$)

150.00

8 Purpose of payment (See instructions regarding type of information required.)

Internet site

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

7/11

Payee name

Leigh Sherman

Payee address; City; State; Zip Code

3800 Andley Apt 7202
Houston TX 77098

Amount (\$)

645.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Manager

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

7/18

Payee name

Kight Printing

Payee address; City; State; Zip Code

5750 Bintliff Dr. #202
Houston TX 77036

Amount (\$)

747.34

Purpose of payment (See instructions regarding type of information required.)

Printing

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

7/13

Payee name

Don Hooper

Payee address; City; State; Zip Code

3547 Woodvalley
Houston TX 77025

Amount (\$)

600.00

Purpose of payment (See instructions regarding type of information required.)

Consultant fee

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/19

5 Payee name

Leigh Sherman

7 Amount (\$)

\$ 555.00

6 Payee address; City; State; Zip Code

3800 Audley Apt 7202
Houston TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Manager

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/25

Payee name

City of Houston

Amount (\$)

\$ 54.12

Payee address; City; State; Zip Code

PO Box 1562
Houston TX 77251

Purpose of payment (See instructions regarding type of information required.)

Purchase of CIP plan

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/28

Payee name

United Stars, Inc.

Amount (\$)

\$ 238.16

Payee address; City; State; Zip Code

6740 Harwin Dr #B
Houston TX 77036

Purpose of payment (See instructions regarding type of information required.)

T-shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/1

Payee name

Westwood Civic Club

Amount (\$)

\$ 400.00

Payee address; City; State; Zip Code

PO Box 20411
Houston TX 77225-0411

Purpose of payment (See instructions regarding type of information required.)

Ad

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/2

5 Payee name

Vincent Taylor

6 Payee address; City; State; Zip Code

11168 Fondren Rd
Houston TX 77096

7 Amount (\$)

\$100.00

8 Purpose of payment (See instructions regarding type of information required.)

Security

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/5

Payee name

Leigh Sherman

Payee address; City; State; Zip Code

3800 Audley Apt 7202
Houston TX 77098

Amount (\$)

\$540.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Manager

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/7

Payee name

Kroger

Payee address; City; State; Zip Code

10306 S. Post Oak
Houston TX 77035

Amount (\$)

\$12.98

Purpose of payment (See instructions regarding type of information required.)

supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/8

Payee name

Tejas Office Products

Payee address; City; State; Zip Code

1225 W. 20th St.
Houston TX 77008

Amount (\$)

\$42.87

Purpose of payment (See instructions regarding type of information required.)

card holders

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 14

2 FILER NAME

Brian Cwernen

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/9

5 Payee name

Tisha Keel

6 Payee address; City; State; Zip Code

5502 Lincrest
Houston TX 77056

7 Amount (\$)

\$ 54.13

8 Purpose of payment (See instructions regarding type of information required.)

Graphics

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/11

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

2802 Timmons Ln
Houston TX 77027

Amount (\$)

\$ 135.79

Purpose of payment (See instructions regarding type of information required.)

Postage

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/15

Payee name

AIPAC

Payee address; City; State; Zip Code

PO Box 17650
Baltimore, MD 21298

Amount (\$)

\$ 30.00

Purpose of payment (See instructions regarding type of information required.)

Admission fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/9

Payee name

Larchmont Civic Assoc

Payee address; City; State; Zip Code

5434 Pagewood
Houston TX 77056

Amount (\$)

\$ 85.00

Purpose of payment (See instructions regarding type of information required.)

Ad

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15

5 Payee name

Kight Printing

6 Payee address; City; State; Zip Code

5750 Bintliff Dr. #202
Houston TX 77036

7

Amount
(\$)\$1,104.⁴²

8 Purpose of payment (See instructions regarding type of information required.)

Printing

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/26

Payee name

Office Depot

Payee address; City; State; Zip Code

5134 Richmond Ave.
Houston TX 77059Amount
(\$)\$68.⁸⁶

Purpose of payment (See instructions regarding type of information required.)

Copies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/26

Payee name

Fasclampitt

Payee address; City; State; Zip Code

10161 Harwin Suite 117
Houston TX 77059Amount
(\$)\$61.¹⁸

Purpose of payment (See instructions regarding type of information required.)

envelopes

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/26

Payee name

Sams Club

Payee address; City; State; Zip Code

5310 S. Rice Ave
Houston TX 77051Amount
(\$)\$24.⁸¹

Purpose of payment (See instructions regarding type of information required.)

supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/26

5 Payee name

Kight Printing

6 Payee address; City; State; Zip Code

5750 Bintliff Dr #202
Houston TX 77036

7 Amount (\$)

\$ 640.50

8 Purpose of payment (See instructions regarding type of information required.)

printing

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/26

Payee name

United States, Inc.

Payee address; City; State; Zip Code

6740 Harwin Dr. #B
Houston TX 77036

Amount (\$)

\$ 149.08

Purpose of payment (See instructions regarding type of information required.)

T-shirts

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/30

Payee name

E-Z Mail

Payee address; City; State; Zip Code

6420 Richmond Suite 100
Houston TX 77057

Amount (\$)

\$ 641.43

Purpose of payment (See instructions regarding type of information required.)

mailout

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/30

Payee name

Jean Pugat

Payee address; City; State; Zip Code

214 Stony Creek
Houston TX 77024

Amount (\$)

\$ 200.00

Purpose of payment (See instructions regarding type of information required.)

consulting (computers)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/31

5 Payee name

U.S. Post office

6 Payee address; City; State; Zip Code

2802 Timmons Lane
Houston TX 77027

7 Amount (\$)

\$ 37.00

8 Purpose of payment (See instructions regarding type of information required.)

stamps

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/2

Payee name

Sams Club

Payee address; City; State; Zip Code

5310 S. Rice Ave
Houston TX 77087

Amount (\$)

\$ 58.73

Purpose of payment (See instructions regarding type of information required.)

supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/2

Payee name

Gracie Travino

Payee address; City; State; Zip Code

3800 Audley Apt 7202
Houston TX 77098

Amount (\$)

\$ 165.00

Purpose of payment (See instructions regarding type of information required.)

block walking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/3

Payee name

Home Depot

Payee address; City; State; Zip Code

5445 West Loop
Houston TX 77081

Amount (\$)

\$ 155.72

Purpose of payment (See instructions regarding type of information required.)

supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 14

2 FILER NAME

Brian Chweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16

5 Payee name

Beth Yeshurn Day School

6 Payee address; City; State; Zip Code

4525 Beechnut
Houston TX 77096

7 Amount (\$)

\$ 100.00

8 Purpose of payment (See instructions regarding type of information required.)

Directory Ad

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/15

Payee name

Home Depot

Payee address; City; State; Zip Code

5445 West Loop
Houston TX 77081

Amount (\$)

\$ 38.26

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/17

Payee name

New York Bagel Shop

Payee address; City; State; Zip Code

9724 Hylcroft St
Houston TX 77096

Amount (\$)

\$ 15.80

Purpose of payment (See instructions regarding type of information required.)

meeting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/17

Payee name

Speak Enterprises

Payee address; City; State; Zip Code

14760 Memorial Dr. #108
Houston TX 77079

Amount (\$)

\$ 495.00

Purpose of payment (See instructions regarding type of information required.)

sign stakes

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/7

5 Payee name

Speak Enterprises

6 Payee address; City; State; Zip Code

14760 Memorial Dr. #108
Houston TX 77079

7 Amount (\$)

\$ 55.00

8 Purpose of payment (See instructions regarding type of information required.)

Sign stakes

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/8

Payee name

New York Bagel Shop

Payee address; City; State; Zip Code

9724 Hillcroft
Houston TX 77096

Amount (\$)

\$ 13.69

Purpose of payment (See instructions regarding type of information required.)

meeting

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/9

Payee name

Kight Printing

Payee address; City; State; Zip Code

5750 Bintliff Dr. #202
Houston TX 77036

Amount (\$)

\$ 2,500.00

Purpose of payment (See instructions regarding type of information required.)

Printing

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/11

Payee name

Kight Printing

Payee address; City; State; Zip Code

5750 Bintliff Dr. #202
Houston TX 77036

Amount (\$)

\$ 2,843.22

Purpose of payment (See instructions regarding type of information required.)

Printing

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/10

5 Payee name

Home Depot

6 Payee address; City; State; Zip Code

5445 West Loop
Houston TX 77081

7 Amount (\$)

\$ 31.02

8 Purpose of payment (See instructions regarding type of information required.)

sign supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/13

Payee name

Jewish Herald Voice

Payee address; City; State; Zip Code

3403 Audley
Houston TX 77098

Amount (\$)

\$1,450.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Ad

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/15

Payee name

Glenshire Civic Assoc.

Payee address; City; State; Zip Code

9130 Bassoon
Houston TX 77025

Amount (\$)

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Ad

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/15

Payee name

City of Houston

Payee address; City; State; Zip Code

PO Box 1562
Houston TX 77251

Amount (\$)

\$ 37.50

Purpose of payment (See instructions regarding type of information required.)

maps

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15

5 Payee name

EZ Mail Management

6 Payee address; City; State; Zip Code

6420 Richmond Suterwood
Houston TX 77057

7

Amount
(\$)

\$ 468.85

8 Purpose of payment (See instructions regarding type of information required.)

mailout

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/15

Payee name

Joe Williams

Payee address; City; State; Zip Code

17519 Lonesome Dove Trail
Houston TX 77095Amount
(\$)\$ 250.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Staff

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/20

Payee name

Braeburn Valley West

Payee address; City; State; Zip Code

10502 1/2 Plainfield
Houston TX 77031Amount
(\$)\$ 300.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Ad

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/20

Payee name

Christine Levin

Payee address; City; State; Zip Code

11619 Landdowne
Houston TX 77035Amount
(\$)\$ 200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

12 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/28

5 Payee name

E2 Mail Management

6 Payee address; City; State; Zip Code

6420 Richmond Suite 100
Houston TX 77057

7 Amount (\$)

\$158.¹¹

8 Purpose of payment (See instructions regarding type of information required.)

mailout

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/29

Payee name

Joe Williams

Payee address; City; State; Zip Code

17519 Lonesome Dove Trail
Houston TX 77095

Amount (\$)

\$250.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

staff

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/1

Payee name

Jean Johnson

Payee address; City; State; Zip Code

214 Stoney Creek
Houston TX 77024

Amount (\$)

\$200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Consulting (computers)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/1

Payee name

Kight Printing

Payee address; City; State; Zip Code

5750 Bintliff Dr #202
Houston TX 77036

Amount (\$)

\$105.³⁵

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

13 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1

5 Payee name

Travis Schreive

6 Payee address; City; State; Zip Code

1135 Oxford

Houston TX 77008

7 Amount (\$)

\$ 20.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Work

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/1

Payee name

US Post Office

Payee address; City; State; Zip Code

2802 Timmons Lane

Houston TX 77027

Amount (\$)

\$ 37.00

Purpose of payment (See instructions regarding type of information required.)

postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/14

Payee name

SW Houston 2000

Payee address; City; State; Zip Code

PO Box 31476

Houston TX 77231

Amount (\$)

\$ 7.50

Purpose of payment (See instructions regarding type of information required.)

meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/16

Payee name

Godaddy.com

Payee address; City; State; Zip Code

14455 N. Hayden Rd.

Suite 219 Scottsdale AZ 85260

Amount (\$)

348.35

Purpose of payment (See instructions regarding type of information required.)

Website

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

14 of 14

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/9

5 Payee name

Lupe Tortilla

6 Payee address; City; State; Zip Code

2414 SW Fwy

Houston TX 77098

7 Amount (\$)

\$20.41

8 Purpose of payment (See instructions regarding type of information required.)

meeting

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/16

Payee name

Doubletree Hotel

Payee address; City; State; Zip Code

400 Dallas St.

Houston TX 77002

Amount (\$)

\$32.37

Purpose of payment (See instructions regarding type of information required.)

meeting

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED